

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ch</i>	<i>681P</i>	<i>9/23/02</i>
O.I.P.E. CLASSIFIER		<i>51</i>	<i>7-2-10</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	12/14/02
2	5/12/04
3	✓
4	✓
5	0
6	✓
7	✓
8	0
9	0
10	0
11	0
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	0
23	0
24	0
25	✓
26	0
27	0
28	0
29	✓
30	✓
31	✓
32	0
33	✓
34	✓
35	✓
36	0
37	0
38	0
39	✓
40	✓
41	0
42	0
43	✓
44	✓
45	✓
46	✓
47	✓
48	0
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	0
54	✓
55	✓
56	✓
57	✓
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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